

NOTICE OF FORM CHANGE NO. 05-049

DATE

03/28/2005

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE LIC 9151 (3/05) Property Owner/Landlord Notification - Family Child Care Home

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 3/05	REPLACES 3/99	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective immediately.

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

8-1/2" x 11", one-sided form.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

PROPERTY OWNER/LANDLORD NOTIFICATION**FAMILY CHILD CARE HOME**

Property owner notification for all leased or rented properties, required by Health and Safety Code Section 1597.40(d), to be completed by Family Child Care Home applicants and licensees. This notification is to advise you as owner or landlord of the property located at

_____ that
(PRINT FACILITY ADDRESS)

_____ is currently or will be
(PRINT APPLICANT'S/LICENSEE'S NAME)

operating a licensed Family Child Care Home at this address

The sole purpose of this notice is to advise you of the current use or intended use of the above property. The property owner/landlord is prohibited by law from imposing any direct or indirect restrictions on, or prohibitions against, the tenant's operation of the Family Child Care Home on the rental property.

(APPLICANT/LICENSEE SIGNATURE)

(DATE)

A copy of this form must be kept on file at the licensed Family Child Care Home.